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APPLICANTS

Patrick M. Hughes, Aliso Viejo, CA;

Orest Olejnik, Coto De Caza, CA;

** CONTINUING DATA *None*** FOREIGN APPLICATIONS *None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>PS</i>	DRAWING	CLAIMS	CLAIMS	
Verified and Acknowledged	Examiner's Signature <i>None</i> Initials <i>PS</i>	CA	0	23	3

ADDRESS

33197
 STOUT, UXA, BUYAN & MULLINS LLP
 4 VENTURE, SUITE 300
 IRVINE, CA
 92618

TITLE

Pharmaceutical conjugates with enhanced pharmacokinetic characteristics

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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